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than in vascular cells or sensory neurons (figure). Although the role of CGRP in promoting peristalsis was known previously,⁵ these new genomic data describe the relative abundance of CGRP receptor expression in enteric neurons (off-target) compared to its putative on-target sites of action in the peripheral nervous system and central nervous system and in neurovasculature. The higher expression of CGRP receptor in enteric neurons raises the possibility that these cells might act as a major site for erenumab binding.⁶

Single-cell gene expression datasets are being generated for most human tissues as part of the Human Cell Atlas, which will provide a valuable resource for predicting off-target drug effects and guiding adverse-event monitoring for new-to-market therapeutics.

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Financial crisis at PAHO in the time of COVID-19: a call for action

On May 21, 2020, at a special session of the Executive Committee of the Pan American Health Organization (PAHO), WHO Regional Office for the Americas, Carissa Etienne, Regional Director, declared that due to non-payment of Member States' contributions, PAHO stands on the brink of insolvency.¹ As of April 30, 2020, most of the non-payment is attributable to the USA (67%); however, late payments are outstanding from Brazil, Venezuela, Mexico, Argentina, Colombia, Chile, and others, to a total of US\$164.6 million. This includes an unprecedented \$63.8 million (57%) of 2019 assessed contributions.

This financial crisis could not have occurred at a worse time. The Americas have recorded the greatest COVID-19 morbidity and mortality of any region. As of June 25, 2020, the COVID-19 Information System for the Region of the Americas has recorded 4.6 million cases and 230 400 deaths in 54 countries. The trajectory is worsening.

Health security in the western hemisphere would be severely threatened without a functioning PAHO. Reserve funds will be exhausted by September, 2020. PAHO faces dire actions, including executing borrowing options and possible implementation of key staff furlough measures.

PAHO was established in 1902 to promote public health action against infectious disease threats. A core value was Pan-Americanism, expressed in the countries' commitment to work together to improve the health of populations living in the poorest countries.² With PAHO's leadership, countries of the Americas eliminated polio in 1991, measles in 2002, rubella in 2002, congenital rubella syndrome in 2009, and neonatal tetanus in 2017. PAHO has played crucial roles in responding to numerous other

infectious disease threats, controlling the rising tide of non-communicable disease and strengthening health systems.

Leadership and coordination at global and regional levels are pivotal to minimising morbidity and mortality during the COVID-19 pandemic. PAHO must work with all member states to ensure a sustained response to the pandemic and equitable access to vaccine, treatment, and supplies. As health services have been adversely affected by COVID-19, we must anticipate and respond to epidemic-prone vaccine-preventable disease outbreaks as well as complications arising from disruption in the management of chronic diseases and cancer.

This is a call to action to countries of the Americas to pay their outstanding contributions and avoid a financial crisis with known and unknown consequences. It is a call for all countries to work together to overcome the challenge of COVID-19 in the spirit of solidarity and protecting the health of all.

AK is Chair of the Regional Certification Commission for the Polio Endgame, Pan American Health Organization (PAHO). JKA is Chair of the Regional Verification Commission for Measles and Rubella Elimination, PAHO. JPF is Chair of the Technical Advisory Group for Vaccine Preventable Diseases, PAHO. We declare no competing interests.

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For the Human Cell Atlas see <https://www.humancellatlas.org>

For the COVID-19 Information System for the Region of the Americas see <https://paho-covid19-responce-who.hub.arcgis.com/>